Effective: 01/01/2027-12/31/2028
$5 Exam / $20 Materials Copay
Dependent Age: 26 (EOBM)

Frequency Type: Last Date of Service	Employee	Spouse	Children
Vision Exam	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Frames	12 Months	12 Months	12 Months

Benefits: Employee Can Select Either	VBA Participating Provider Amount Covered/Benefit (After Applicable Copay)*	Out-of-Network Max Reimbursement (Zero Copay)
Vision Exam (Glasses or Contacts)	Covered in Full	$40
Retinal Screening with Exam	Copay not to exceed $39	N/A
Clear Standard Lenses (Pair):		
Single Vision	Covered in Full	$40
Bifocal	Covered in Full	$60
Blended Bifocal	Covered in Full	$60
Trifocal	Covered in Full	$80
Progressives (Basic)	Covered in Full	$80
Progressives (Standard and Premium 1-4)	Partially-Covered	$80
Lenticular	Covered in Full	$120
Polycarbonate	Covered in Full for Persons Up to Age 19	N/A
Basic and Premium Scratch Coating	Covered in Full	N/A
UV 400	Covered in Full	N/A
Solid or Gradient Tint	Covered in Full	N/A
Frame	Up to $200	$50
-OR-		
Elective Contacts (in lieu of eyeglass benefits)		
Material Allowance	Up to $200[A]	$200
Elective Fitting Fee and Evaluation	15% off UCR	N/A
-OR-		
Medically Necessary Contacts	Covered in Full[B]	$450
-AND-		
Lasik Surgery (once every 8 years)	N/A	$125

Where an "allowance" is shown above, the Member is responsible for paying any charges in excess of the allowance less any applicable copay.

Benefits and participation may vary by location, including, but not limited to, Costco® Optical, Pearle Vision, LensCrafters®, Target Optical®, Eyeglass World® and America's Best®.

A The allowance is applied to all services/materials associated with contact lenses, including, but not limited to, contact fitting, dispensing, cost of the lenses, etc. No guarantee the allowance will cover the entire cost of services and materials.

B Requires prior approval. May only be selected in lieu of all other material benefits listed herein.

* A $5 copayment is applied to the vision exam and a $20 copayment is applied to the total cost of the lenses and/or frames ordered from a VBA Member Doctor only. Copayments do not apply to the contact materials.

This plan is designed to cover your visual needs rather than cosmetic options.

Additional Charges

You may incur out-of-pocket charges when selecting any of the following:

- Photochromic/Polarized Lenses
- Polycarbonate (covered under age 19)
- Hi-index Lenses
- Progressive (available starting at $29)
- The coating of the lens or lenses (except Basic and Premium Scratch Coating)
- A frame that costs more than the plan allowance
- Rimless Frames
- Anti-Reflective

Additionally, costs for contact lenses/services in excess of the plan's scheduled reimbursement allowances are the responsibility of the patient.

Not Covered

The contract gives VBA the right to waive any of the plan limitations if, in the opinion of our optometric consultants, it is necessary for the patient's welfare. VBA provides no benefit for professional services or materials connected with the following:

- Orthoptics or vision training
- Non-prescription lenses
- Two pair of glasses in lieu of bifocals
- Medical or surgical treatment of the eyes
- An eye examination, or corrective eyewear, required by an employer as a condition of employment
- Services of materials provided as result of any Worker's Compensation Law or similar legislation
- Glasses and contacts during the same eligibility period

Lenses and frames furnished under this program which are lost or broken will not be replaced except at the normal intervals when services are otherwise available.

Additional Terms and Conditions

Benefits may only be used for contact lenses when selected in lieu of eyeglasses (spectacle lenses and frames). If purchased at the same time from a single provider, your plan will cover up to $200 towards the cost of contact fitting fees and contact lenses. Any provider contact lens charges that exceed this amount shall be the responsibility of the member. Members may be required to pay contact fitting fees out of pocket at some locations.

Benefits and participation may vary by location and where prohibited by state law.

LASIK benefits may be limited to no more than 50% per eye.

Exam copay is not required if benefits are used to purchase contact lenses from a single provider on the same day of the member's exam. Material copays do not apply to contact lenses.

A 15% discount off the provider's usual, customary and reasonable contact lens fitting fee may be available in some locations. Void where prohibited by law.

Benefits may only be used for medically necessary contact lenses when selected in lieu of all other materials.

Additional terms and conditions apply. Contact VBA at 412-881-4900 for more information.